I hareby revoke all previous powers of attorney given in the application identified in the attached statement under 37 CFR 3.73(b).
Practitioners associated with the Customer Number: OR Practitioner(s) named below (if more than ten patent practitioners are to be named, then a customer number must be used): Name Registration Number Number Number As alternet(s) or appendix to represent the independent after the following particular to the processing of the practitioners are to be named, then a customer number must be used):
OR Practitioner(s) named below (if more than ten patent practitioners are to be named, then a customer number must be used): Name Registration Number Number As alterney(s) or appetitis) or represent the index-proper before the following state of the patent of the
Practitioner(s) named below (if more than ten patent practitioners are to be named, then a customer number must be used): Name Registration Name Registration Number
Name Registration Number Registration Number Number
Mamber Number Number
as alterney(s) or anomitic) to represent the independent before the Library State of Vision Library (CRV)
as attorney(s) or agent(s) to represent the undorsigned before the United States Patent and Trisdemerk Office (USPTO) to connection usin
as attorney(s) or agent(s) to represent the undorsigned before the United States Patent and Triedemark Office (USPTO) in connection with
as alterney(a) or agent(a) to represent the undersigned before the United States Patent and Triedemark Office (USPTO) in connection with
as attorney(s) or agent(s) to represent the undersigned before the United States Patent and Trademark Office (USPTO) in connection with
as automey(s) or agent(s) to represent the undorsigned before the United States Patent and Trademark Office (USPTO) in connection with
any and all patent applications assigned gold to the undersigned according to the USPTO assignment records or assignment documents attached to this form in accordance with 37 CFR 3.73(b).
Please change the correspondence address for the application identified in the attached statement under 37 CFR 3.73(b) to:
The state of the s
The address associated with Customer Number: 20350
OR Firm or
Address
Zip
Country
Telephone Ernáli
Assignee Name and Address:
-
American Power Conversion Corporation 132 Fairgrounds Road
West Kingston, RI 02892
A copy of this form, together with a statement under 37 CFR 3.73(b) (Form PTO/SB/96 or equivalent) is required to be
filed in each application in which this form is used. The statement under 37 CFR 3.73(b) (Form PTD/SB/96 or equivalent) is required to be the practitioners appointed in this form if the appointed are applicationers appointed in this form if the appointed application is a second to the practitioners appointed in this form if the appointed applications are applications.
the practitioners appointed in this form if the appointed practitioner is authorized to act on behalf of the assigned, and must identify the application in which this Power of Attorney is to be filed.
SIGNATURE of Assignee of Record
The individual whose signature and title is supplied below is authorized to act on behalf of the assignee
Signature Date 2/2 9/2 9/
Name
Title VP General Course (